

**NORTHLAND DISTRICT HEALTH BOARD
MINUTES OF THE MEETING OF THE HOSPITAL ADVISORY
COMMITTEE**

**HELD ON MONDAY 08 OCTOBER 2018
TANGIHUA MEETING ROOM, TOHORA HOUSE, WHANGAREI HOSPITAL
COMMENCING AT 9.00 AM**

PRESENT

John Bain (Chair)
Sally Macauley
Debbie Evans

Libby Jones
Denise Jensen

IN ATTENDANCE

Nick Chamberlain, Meng Cheong, Andrew Potts, Jeanette Wedding, Pip Zammit, Neil Beney,
Mike Roberts, Kathryn Leydon, Jodie Moselen (minutes)

Member of the Public - Beryl Wilkinson

FIRE PROCEDURES

The fire exits were noted

APOLOGIES

Sue Brown – Arrived 10am
Gary Payinda

CONFLICTS OF INTEREST

The Chair reminded Committee members that in keeping with agreed protocol, conflicts of interest should be declared on a meeting-by-meeting basis as issues arise

1.0 COMMITTEE MINUTES

1.1 Confirmation of Minutes 27 August 2018

It was moved that the minutes of the meeting held on 27 August 2018 be approved

MOVED Libby Jones SECONDED Debbie Evans CARRIED

1.2 Matters/Actions Arising

1.2.1 Update on acute demand generally and rest home admissions in particular

- There has been a reduction in admission rates of those aged over 80 years old after presenting at Emergency Department in the last eight months
- Work is being completed on subsequent presentations for patients who has previously admitted to the Emergency Department within a specific time frame
- Increased Senior Medical Officer cover in department of Medicine has had a positive impact in the reduction rates of those being admitted

1.2.2 Report on how often hospital admissions from rest homes have been seen by rest home GP or afterhours service before presenting to ED

- A small internal audit was completed looking at patients who presented at Whangarei Hospital Emergency Department who came from aged residential care facilities
- The audit found that between June and August 2018 only 16 percent of aged residential care residents presented to the Emergency Department had prior GP or Nurse Practitioner contact
- The largest group from this admission cohort came from aged residential care facilities where a registered nurse had assessed the resident prior to emergency department transfer
- Work is being completed at a national level on the models of care between aged care facilities and DHBs
- An aged care provider that had a high number of presentations to the Emergency Department has since updated their advanced care plans which has seen a reduction in overall numbers for that facility

1.2.3 Request for timing of Whangarei Hospital discharges

- On average most discharges from Whangarei Hospital occur at 11am however discharges can occur at any time of day. The 11am target is set by the organisation
- From October a new shared capacity process will be implemented.
- The new process has been implemented to help work towards better patient outcomes
- Patients are discharged in the evening only in special circumstances
- A further internal review is to be completed on discharges and presented to the Committee on completion

Presentation by Dr Alan Davis, Clinical Director, Health of Older People

- Currently there are more than 1200 aged residential care beds in Northland
- Aged residential care subsidies cost Northland DHB over \$40m per annum
- It is predicted that there will be a fifty percent increase in the number of beds needed in aged residential care facilities based on population growth
- There has been a drop in the number of rest home beds needed as more people are choosing to stay based in the community instead of transferring to an aged care facility
- The average age of a patient in an aged care facility is 80 years old
- Only a small number of those presenting to Emergency Departments are from an aged care facility
- Those in aged residential care facilities that do not have a subsidy are able to make their own arrangements for primary health care and are not required to use the GP assigned to that specific facility
- Those who receive a subsidy for their placement in an aged care facility also have ambulance fees and basic medical supplies included in their subsidy payment
- Nationally work is underway on aged residential care contracts

2.0 CHAIR'S REPORT

The Chair thanked General Manager of Surgical, Pathology and Ambulatory Services, Andrew Potts for his time while employed at Northland DHB and wished him well on his future endeavours as he resigns from the organisation.

3.0 SYSTEM PERFORMANCE

3.1 Operational Report

- There has been a reduction in the colonoscopy waiting list following the commencement of a second medical gastroenterologist. This reduction has been achieved in part by outsourcing some procedures and the number is being increased to accelerate the rate of reduction. There is currently approximately 500 people on the non-urgent wait list.
- School throat swabbing continues in decile one to three primary schools
- Growth in emergency and acute presentations continue to present financial pressure
- Sick leave rates have peaked in most services as a result of seasonal illnesses
- Elective surgery activity levels are slightly less than expected because of delays in establishing evening and weekend operating sessions in addition to the effect of strikes
- There is expected increased acute workload pressure in Orthopaedics during the summer period due to an increase in visitor numbers
- Planning continues for the joint replacement programme at Kaitia Hospital with the first operating list expected in November 2018
- ESPI compliance was maintained in August with regard to first specialist assessments
- A trial has commenced in the general surgery clinics of a predictive analytics tool and associated intervention with regard to patients at high risk of not attending their appointments
- The two geriatrician vacancies present an on-going challenge for the service
- Work continues in the development of the model of care for the Medical Assessment Unit
- Caseweight delivery continues to be above the target for the medical service
- A reduction in the price of a renal fluid contract has resulted in a financial saving
- Plans to increase the usage of in-home dialysis continues
- Emergency Department called EDaaG (ED at a Glance) has successfully commenced operating
- The previously open vacancies at Bay of Island Hospital have now been filled with staff starting over the upcoming months
- There has been increased bed occupancy in Paediatrics over the winter months
- It was noted a number of children are being discharged with prescriptions that are not being filled upon leaving. These are now being filled by staff at the local pharmacy. It was raised if these prescriptions can be filled by in the in-hospital pharmacy
- A collaboration with Manaia Health and Te Tai Tokerau Primary Health Organisations has begun to provide a single service approach to youth school based health services. An update on the project was requested by the Committee
- Ten new graduate dental therapists have been recruited and will commence employment in 2019
- A new physiotherapist has started for child health services. Recruitment is currently underway for a child health occupational therapist and dietician
- A request was made to include length of vacancy data in service reports to the Committee
- Confirmed that monitoring of food products relates to local food products

3.2 Financial Report

- The year to date financial result is a deficit of \$631k against a budgeted deficit of \$461k, an unfavourable variance of \$170k
- High locum usage continues to have a negative financial impact on budgets
- The first tranche of payments under the NZNO nursing settlement have taken place
- Currently the Chief Financial Officers within all DHB's are working with the Ministry of Health to reconcile the funding issued for the nurses settlement
- There has been significant procurement savings early in the financial year circa \$400k per annum

4.0 GENERAL BUSINESS

5.0 NEXT MEETING DETAILS

To be confirmed at the October 8 Board meeting.

There being no further business the meeting closed at 10.45am

CHAIR

DATE